PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/541184

CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN		
<u> </u>			(Column	າ 1)	(Column 2)	1 1	TYPE		OR •	SMALL	ENTITY
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150			GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100		\$ 100 / \$ 200			EXAM. FEE			EXAM. FEE	200
SEA	RCH FEE		All other situations (ie. No Search Rpt.) = \$ 250 / \$ 500		ALL o	SA = \$50 / \$100 other countries = 200 / \$400		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			minus 20 =		*			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			5 minus 3 =		*	2		X \$ 100 =		OR	X \$ 200 =	400
MUL	TIPLE DEPENI	DENT CLAIM PRE	SENT		<i>-</i>	/ 🗆		+ \$ 180 =		OR	+ \$ 360 =	, , , ,
* If the difference in column 1 is less than zero, enter "0" in column 2						lumn 2		TOTAL		OR	TOTAL	1300
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total 🐣	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FFF										OR	TOTAL ADDIT.	
		(Column 1)		(Colur	nn 2)	(Column 3)					•	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 ≈	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FFF OR FFF OR FFF												
**	If the "Highest Nu If the "Highest Nu	imn 1 is less than the imber Previously Pai imber Previously Paid nber Previously Paid	d For" IN THIS SP d For" IN THIS SP	ACE is les	s than '20 s than '3'	0', enter "20". , enter "3".	in the	appropriate box	in column 1.			

FORM PTO-875 (Rev. 02/2005)

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